

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF LABOR AND TRAINING  
DIVISION OF PROFESSIONAL REGULATION

**TELECOMMUNICATIONS APPLICATION**

**\*\*\* INSTRUCTIONS – PLEASE READ CAREFULLY \*\*\***

APPLICATIONS WILL NOT BE REVIEWED BY THE BOARD OF EXAMINATION AND LICENSING OF  
TELECOMMUNICATION SYSTEMS CONTRACTORS, TECHNICIANS, AND INSTALLERS IF THE  
FOLLOWING DIRECTIONS ARE NOT ADHERED TO

- 1) TWO (2) HEAD AND SHOULDERS PHOTOGRAPHS (PASSPORT TYPE),  
TAKEN WITHIN THREE (3) MONTHS PRIOR TO THE DATE OF SUBMISSION  
AND MUST BE SUBMITTED WITH YOUR APPLICATION.
- 2) YOUR APPLICATION MUST BE SIGNED AND NOTARIZED.
- 3) APPLICATION FEE OF \$36.00 PER CATEGORY APPLIED FOR IS REQUIRED  
TO PROCESS YOUR APPLICATION. **THIS IS A NON-REFUNDABLE  
APPLICATION FEE.** CHECK SHOULD BE MADE PAYABLE TO THE  
GENERAL TREASURY/STATE OF RHODE ISLAND.
- 4) ALL APPLICANTS FOR TELECOMMUNICATIONS SYSTEM CONTRACTOR  
“TSC” MUST DEMONSTRATE THEIR ABILITY TO DESIGN  
TELECOMMUNICATION SYSTEMS AND VERIFY COMPLETION OF THREE  
(3) SATISFACTORY PROJECTS FOR EACH CATEGORY THAT YOU ARE  
MAKING APPLICATION FOR, AND VERIFICATION OF THREE (3) YEARS  
EXPERIENCE.  
LIST CATEGORY/IES: DATA – VIDEO – TELEPHONY - SOUND
- 5) ALL TELECOMMUNICATIONS SYSTEM TECHNICIAN “TST” MUST SHOW  
VERIFICATION OF EXPERIENCE.  
LIST CATEGORY/IES: DATA – VIDEO – TELEPHONY - SOUND
- 6) ALL TELECOMMUNICATIONS SYSTEM LIMITED INSTALLER “TSLI” MUST  
SHOW VERIFICATION OF EXPERIENCE.
- 7) SUBMITTED VERIFICATION MUST BE A NOTARIZED STATEMENT OF  
YOUR EXPERIENCE AND MUST BE ON THE COMPANY STATIONERY.  
  
TO EXPEDITE THE APPLICATION APPROVAL – IT IS YOUR  
RESPONSIBILITY TO VERIFY EXPERIENCE THAT WILL QUALIFY YOU IN  
THE CATEGORY OF LICENSING THAT YOU ARE REQUESTING.
- 8) LICENSES WILL BECOME DUE FOR RENEWAL ANNUALLY UPON THE  
BIRTH MONTH OF THE LICENSEE.
- 9) APPLICANTS FOR TELECOMMUNICATIONS SYSTEM CONTRACTOR “TSC”  
WHO ARE APPLYING ON BEHALF OF A PARTNERSHIP OR CORPORATION  
ARE REQUIRED TO FURNISH INFORMATION IN ADDITION TO THIS FORM.  
PLEASE REQUEST THE APPROPRIATE FORMS WHEN APPLYING.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF LABOR AND TRAINING  
DIVISION OF PROFESSIONAL REGULATION  
1511 PONTIAC AVENUE – BUILDING 70  
P.O. BOX 20247  
CRANSTON, RHODE ISLAND 02920-0943  
(401)462-8580 FAX (401)462-8528 TDD (401)462-8006  
[www.dlt.state.ri.us](http://www.dlt.state.ri.us)

TELECOMMUNICATIONS APPLICATION

APPLICATION MUST BE CLEARLY PRINTED

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

STREET ADDRESS

CITY/TOWN

STATE

ZIP

TELEPHONE

DATE OF BIRTH

-----

EMPLOYER

SELF-EMPLOYED/COMPANY NAME

STREET ADDRESS

CITY/TOWN

STATE

ZIP

EMPLOYER TELEPHONE

CATEGORY – APPLICATION MUST STATE  
WHAT TYPE OF LICENSE IS REQUESTED

LICENSE NUMBER ISSUED BY THIS DIVISION – OR COPY OF YOUR OUT-OF-STATE LICENSE IS REQUIRED.  
(IF APPLICABLE)

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW

|                                  |  |
|----------------------------------|--|
| TEST FEE PAID, CHECK, CASH, M.O. | DIVISION/COMMISSION APPROVAL FOR LICENSE AS: |
| \$ _____                         | TSC_____ TST_____ TSLI_____                  |
| _____                            | APPRENTICE_____                              |
| DATE PAID                        | DATE OF ISSUANCE:_____                       |

**- TELECOMMUNICATIONS WORK HISTORY -**

- 1) TELECOMMUNICATION SYSTEM CONTRACTOR – “TSC” (YOU MUST STATE CATEGORY(S) YOU ARE APPLYING FOR)

DATA                      VIDEO                      TELEPHONY                      SOUND

VERIFICATION OF THREE (3) COMPLETED PROJECTS FOR EACH CATEGORY APPLIED FOR, MUST BE ATTACHED TO THIS APPLICATION.

ALSO – VERIFICATION OF THREE (3) YEARS EXPERIENCE MUST BE ATTACHED TO THIS APPLICATION.

\* \* \* \* \*

- 2) TELECOMMUNICATION SYSTEMS TECHNICIAN – “TST”  
(YOU MUST STATE CATEGORY(S) YOU ARE APPLYING FOR)

DATA                      VIDEO                      TELEPHONY                      SOUND

VERIFICATION OF EXPERIENCE IN THE INSTALLATION OF TELECOMMUNICATIONS SYSTEMS MUST BE ATTACHED TO THIS APPLICATION.

\* \* \* \* \*

- 3) TELECOMMUNICATION SYSTEMS LIMITED INSTALLER – “TSLI”

TSLI

VERIFICATION OF EXPERIENCE IN THE INSTALLATION OF TELECOMMUNICATIONS SYSTEMS MUST BE ATTACHED TO THIS APPLICATION.

- 4) APPRENTICE: MUST HAVE A NOTARIZED LETTER FROM A RHODE ISLAND LICENSED TELECOMMUNICATIONS SYSTEMS CONTRACTOR, STATING THAT HE/SHE IS EMPLOYED BY SAID TELECOMMUNICATIONS SYSTEMS CONTRACTOR. THIS LETTER MUST BE ON THE COMPANY’S STATIONERY.

APPRENTICE

**EDUCATION**

Verification of education/schooling that you have received in any/all related areas of telecommunications.

| SCHOOL/LOCATION | FROM/TO | DEGREE/DIPLOMA |
|-----------------|---------|----------------|
| _____           | _____   | _____          |
| _____           | _____   | _____          |
| _____           | _____   | _____          |
| _____           | _____   | _____          |
| _____           | _____   | _____          |

\* \* \* \* \*

**PLEASE LIST VALID LICENSE(S) YOU CURRENTLY HOLD WITH THIS DIVISION, AND, IF APPLICABLE, A COPY OF YOUR OUT-OF-STATE LICENSE(S) MUST BE ATTACHED TO THIS APPLICATION.**

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| _____<br>LICENSE AND NUMBER | _____<br>LICENSE AND NUMBER | _____<br>LICENSE AND NUMBER |
|-----------------------------|-----------------------------|-----------------------------|

Listed employer or customer references may be sent forms to attest to the truthfulness of all statements on this application and the same must be returned to this division, properly notarized, before action will be taken on this licensing/test application, if requested.

**STATE OF RHODE ISLAND**

**PROVIDENCE COUNTY**

In \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,  
before me personally appeared \_\_\_\_\_ to me known and known by  
me to be the party(ies) executing the foregoing instrument, and he/she/they acknowledged said instrument, by  
him/her/they executed, to his/her/their free act and deed.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**APPLICANT’S SIGNATURE**\_\_\_\_\_ **DATE**\_\_\_\_\_

If you fail to pass your examination, you may request a review of the same, **in writing**, to the Division of Professional Regulation, within thirty (30) days of failure notice.

| LICENSE CATEGORY                              | ANNUAL<br>LICENSE FEE | APPLICATION/TEST FEE |       |
|---|-----------------------|----------------------|-------|
| TELECOMMUNICATION SYSTEM<br>CONTRACTOR        | \$120                 | DATA                 | \$ 36 |
| TELECOMMUNICATION SYSTEM<br>TECHNICIAN        | \$ 72                 | SOUND                | \$ 36 |
| TELECOMMUNICATION SYSTEM<br>LIMITED INSTALLER | \$ 36                 | TELEPHONY            | \$ 36 |
| TELECOMMUNICATION APPRENTICE                  | \$ 24                 | VIDEO                | \$ 36 |